



TFW

Atty. Dkt. No. 016887-1038

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yukio HEMMI et al.  
Title: NUCLEAR POWER PLANT  
SYSTEM AND METHOD OF  
OPERATING THE SAME  
Appl. No.: 09/821,732  
Filing Date: 03/30/2001  
Examiner: J. Keith  
Art Unit: 3641

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- ☐ Assertion of Small Entity status is enclosed.
- ☒ Applicant Initiated Interview Request Form (1 p)
- ☒ The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	27	-	23	=	4	x	\$18.00	=	\$72.00
Independent Claims:	5	-	3	=	2	x	\$88.00	=	\$176.00
First presentation of any Multiple Dependent Claims:						+	\$300.00	=	\$0.00

11/26/2004 MGE BREH1 00000081 09821732

03 FC:1253

980.00 DP

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CLAIMS FEE TOTAL = \$248.00

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- [ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response filed within the first month:	\$110.00	\$0.00
[ ] Extension for response filed within the second month:	\$430.00	\$0.00
[ X ] Extension for response filed within the third month:	\$980.00	\$980.00
[ ] Extension for response filed within the fourth month:	\$1,530.00	\$0.00
[ ] Extension for response filed within the fifth month:	\$2,080.00	\$0.00
EXTENSION FEE TOTAL:		\$980.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1228.00
[ ] Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:		\$1228.00

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- [ ] Please charge Deposit Account No. 19-0741 in the amount of \$1228.00. A duplicate copy of this transmittal is enclosed.
- [ X ] A check in the amount of \$1228.00 is enclosed.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

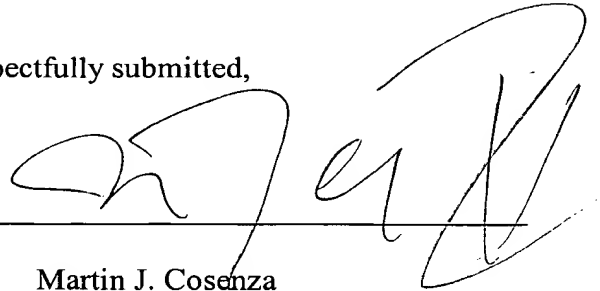
Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Date November 24, 2004

FOLEY & LARDNER LLP  
Washington Harbour  
3000 K Street, N.W., Suite 500  
Washington, D.C. 20007-5143  
Telephone: (202) 295-4747  
Facsimile: (202) 672-5399

Respectfully submitted,

By

A handwritten signature in black ink, appearing to read 'Martin J. Cosenza', is written over a horizontal line.

Martin J. Cosenza  
Attorney for Applicant  
Registration No. 48,892



### Applicant Initiated Interview Request Form

Application No.: 09/821,732 First Named Applicant: Yukio Hemmi  
Examiner: J. Keith Art Unit: \_\_\_\_\_ Status of Application: Pending

**Tentative Participants:**

(1) Martin Cosenza (2) Glenn Law  
(3) \_\_\_\_\_ (4) \_\_\_\_\_

Proposed Date of Interview: December 08, 2004 Proposed Time: 10:00 (AM/PM)

**Type of Interview Requested:**

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video Conference

Exhibit To Be Shown or Demonstrated: ☐ YES ☒ NO  
If yes, provide brief description: \_\_\_\_\_

### Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>all</u>	<u>all</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

**Brief Description of Arguments to be Presented:**

Rejections under 35 USC 112 should be withdrawn  
and Skarabels does not anticipate any claim, and  
no claim is obvious in view of the cited references.

An interview was conducted on the above-identified application on \_\_\_\_\_.

**NOTE:** This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

\_\_\_\_\_  
Applicant/Applicant's Representative Signature

\_\_\_\_\_  
Examiner/SPE Signature

\_\_\_\_\_  
Typed/Printed Name of Applicant or Representative

\_\_\_\_\_  
Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.